-	-WR	mati	CATT
S. No.	B	1	
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1. PLACE OF DEATH			(82=0)	D	5	-/	
County County	reco	1			Registration D	ist. No.	
Village or City	enlin	a law		ND. f death occurred in a hospital or institut	ion give its NAME	St.,	War
Length of residence in ci	ty or town where de	ath occurred		ds. How long in U.S. if of			
2. FULL NAME	checa	a 13	works	7			
(a) Residence: No.	18	Ture	towns	St., Ward.			
(4) 11001401100: 110: 2.		(Usual place	of abode)	Ouj	lf nonresident g	ive cily or town	and State
PERSONAL AN	D STATISTIC	AL PARTI	CULARS	MEDICAL CE	ERTIFICATE	OF DEATH	-1
Terralo 4. co10	of RACE	S. SINGLE, MAR OR DAYORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	wher (Month)	(Day)	193 3 (Year)
5a. If married, widowed, or divo	rced	C D	0				
(or) WIFE of USE	ujan	in De	doles	Oct 15	CERTIFY	, That I attend	Jed deceased fr
6. DATE OF BIRTII (month, da	U	Merch	1 1863	I last saw h. C.L. alive on	Oct 3	1 193	2. → : death is s
7. AGE Years	Months	Days	If LESS than	to have occurred on the date states	above, at 4 30		E , ucom 15 5
70	7		1 day,hrs.	The PRINCIPAL CAUSE OF DEAT		-	
8. Trade, profession, or pa	articular	11	[OI	were as follows:	101		Date of one
	PER, etc.	Hause	Work	Colderal 1	brugerl	1019 0	Oct
Industry or business in work was done, as SAW MILL, BANK, of 1D. Date decupation (mo	BILK MILL, etc			Cardreie Fa	elieue	8	Oet 2
1D. Date deceased last wor this occupation (mo year)	ked at nth and	11. Total ti spar occu	ime (years) nt in this upation				
12. BIRTHPLACE (city or town)	Calı	reit		Other Coutributory Causes of impo	rtance:		
(State or country) 13. NAME Puck	ud B	court			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
14. BIRTHPLACE (city or to	wn) Cal	vert		Name of operation		Date o	of
(State of country)	1 00 1	0.	, ,	What test confirmed diagnosis?		Was there	an autopsy?_U
15. MAIDEN NAME 16. BIRTHPLACE (city or to	Dallie	Har	die	23. If death was due to external cause	ses (VIDLENCE) fill	in also the follow	wing:
16. BIRTHPLACE (city or to	wn) Co	vero	0,	Accident, suicide, or homicide?	D	ate of injury	, 19
(State or country)	-		9	Where did injury occur?	(Specify city or to		S
17. INFORMANT (Address)	love y	ww.	•••	Specify whether injury occurred in	INDUSTRY, in HOM	IE, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR Place	EMOVAL Mondo	_Date/_/	ر 133	Manner of injury			• • • • • • • • • • • • • • • • • • • •
19. UNDERTAKER HIL	eon So	vell		24. Was disease or injury in any wa	y related to occupat	tion of deceased?	160
(Address)	mes,	rus.	``	If so, specify	0 1	5//	
	7 7	VII	1	(Signed)	ne VIT	AXI	N

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
\$				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPAC	E FOR	FURTHER STATEMENTS	BY	PHYSICIAN
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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Calvert	Registration Dist. No. 5/
Village or City Cove Th	NoSt.,Ward
(If Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign hirth?yrs,mosds.
2. FULL NAME Stenna Howard To	Qual
	St. Ward.
(a) Residence: No. Ove [14] (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH November 18, 193 3 (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
24 - 19 19 2 2	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) 18, 1933	I last saw h; death is said
1 day,	to have occurred on the date stated ebove, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	were as follows: Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	0. '
9. Industry or business in which work was done, as SILK MILL,	Stee born
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and	
this occupation (month and year)	
	Other Caatributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Johns Phellis	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Moble Buch	23. If death was due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Woble Thick 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Thinkly (Address) Cove Pt. My	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Date 1/9 1933	Manner of injury
Place WY None Date 1 199	Nature of injury
19. UNDERTAKER Through thelep	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED / / B , 1933	(Signed) M. D. (Address Parallel Siele M.)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1.5	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis:	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SNA CEL			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-RGIN RESERVED FOR BINDING

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(£)
County Calvers	Registration Dist_No. (51)
Village or City Calury Co Hard	1. No. Virus Judinto Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sull hom	putter
(a) Residence: No.	Word.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Jainy Con. Angre,	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	, 19, to
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or particular	Oate of onset
SAWYER, BOOKKEEPER, etc	1201
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dato deceased last worked at this occupation (month and this proportion of the company	sull fun
SAW MILL, BANK, etc	
10. Dato deceased last worked at this occupation (month and year) spant in this occupation	
Joseph Company	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
14. BIRTHPLACE (city or town) 200	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of
	What test confirmed diagnosis?
15. MAIOEN NAME 2 15. MAIOEN NAME 2 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?0ate of Injury, 19
(State of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Address)	Specify whether injury occurred in INDÚSTRY, In HOME, or In PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place / Stort Close Coate VLSV 7 ,19	Nature of injury
19 Folto Han Bull	24. Was disease or injury in any way related to occupation of deceased?"
(Address)	If so, specify
20. FILEO RO 9 , 19 3 Delac Suar Registrar.	(Signed) M. O. (Address) Tullent

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased lad retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			510707-1200

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

	infor-
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	item
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	RECORD.
BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-
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RGIN RESERVED FOR BINDING	UNFADING
	WITH
•	PLAINLY,
7 70. 7	B.—WRITE
à	z
	-

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	95-0
county Calvert	Registration Dist. Np. 50
Village or City Dolomons	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mory Clisia &	vous
(a) Residence: ND. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (vorice the word)	21. DATE OF DEATH November 20 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Organizativa Evalus	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) NOV. 17-185-7	1933, to Nov. 20, 1933 1 last saw h er alive on Left 10 - 1933; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 7.4m.
76 0 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10-Data deceased last worked at this occupation (month and specific profession).	Olvronic Mycorditis 1930
To-Data deceased last worked at this occupation (month and yaar) spant in this occupation	
12. BIRTHPLACE (city or town) Manyland (State or country)	Other Cantributary Causes of Importance:
I 13. NAME Richard R. norword	
13. NAME (Richard & Norword 14. BIRTHPLACE (city or town) Manyland (State or country)	Name of operation Date of
The state of the s	What test confirmed diagnosis? Was there an autopsy?
E Minulus 1	23. If death was due to external causes (VIDL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicida?
17. INFORMANTO Coffie Smith (Address) Stoomores, mid.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Solomono, M. Data /2/ 1933	Manner of Injury
19. UNDERTAKER a. a. Dfarkuess (Address) Mulual, md	24. Was disease or Injury In any way related to occupation of daceased?
20. FILED 1933 Dates oster. Registrar.	(Signed) Aller Soler M. D. (Address) Solomons Med
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
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1 DEC 2 1000				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

RGIN RESERVED FOR BINDING

Exact statement of OCCUPA.

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V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	(1)
1. PLACE OF DEATH	93:0	r U
county calvert	Registration Dist. No. 5	
Village or City Walfwelle	St.,	Ward
Length of residence In city of town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number	
2. FULL NAME Thomas	Taurles	
(a) Residence: No. Wallblill	C St., Ward,	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 70-1. 6 , 193 (Month) (Day)	3- Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Curry Jows .	22. I HEREBY CERTIFY, That I attended decees	sed from
6. DATE OF BIRTH (month, day, and year) Dec 24, 1846	I last saw h elive on 19 deat	th is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the dete stated above, at 3 4 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
9 Trade profession or particular	Date	ofonset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and spant in this	Decompusition !	day
year) occupation 12. BIRTHPLACE (city or town)	Other Contributory Camega of Miportance:	
(State or country)	Myseardiles	Jers.
I 13. NAME Auton, Jawes.		
13. NAME Sutton faules. 14. BIRTHPLACE (city or town) (Stete or country)	Name of operation Oate of	
(Orote of country)	What test confirmed diagnosis? Was there an autopsy	y?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?	19
17. INFORMANT Willes Orales, (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL PlaceWaters Memorial Oate Nov. 7, 1933	Manner of injury	
19. UNDERTAKER A. A. Harkeness (Address) Mutual, md.	24. Was disease or injury in any way related to occupation of deceased?	
20. FILEO MOULO 19 33 - 2 N. Kristra.	(Signed) / Orroson (Address) / Russe Turbuilt	M.D.

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Example I			Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	I KECIBIVET	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepl	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC # 1993	July 5,1927	Peritonitis	3 days ago
	E TENEDO NO ET			
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1928	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. RGIN RESERVED FOR BINDING -WRITE PLAINLY, WITH

certificate.

See instructions on back of

TION is very important.

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10011
County Calvert	Registration Dist. No. 57
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Little (Jan) (Usuri place of abode)	St., Ward. If nonresident give city or towo and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Fan 6, 1930	liast saw h
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et
3 10 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	acute lightitis 11/21/20
9. Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this occupation.	
12. BIRTHPLACE (city or town) Mutual, Ind. (State or country)	Other Contributory Causes of importance: 2 days of days of lower 11/17/3
	Covering our / horny Clothing
E	Name of operation five days. Date of
4 14, BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date of What test confirmed diegnosis? Was there en au'opsy? Lo.
15. MAIDEN NAME & harlotte flore	23. If death was due to external causes (ViOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Warren Garden Garden	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL Place Date 124, 1933	Manner of injury
19. UNDERTAKER Thelson Messon (Address), B. Hrederick, med	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 1/ 23, 19.33 D. M. Refistrar.	(Signed) (S. J. France M. D. (Address) Frederich Und

CTATE OF MADVIAND_CEDTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work donc.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 9 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL S	PACE FOR FUI	KIREK SIAIEME	WIS DI L	HISICIAN
				1

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

Exact statement of OCCUPA.

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STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1 4 4 4 4 4
County Calvert	Registration Dist. No.
Sta //	Sta
	No. St., St., St. St., St. St., St. St., St.,
Length of residence in out or town where death occurredyrsmo	s. ds. How long in U.S. if of foreign birth? yrs. mosmutoids.
2. FULL NAME TO CON Dervies Gr	in answ. however.
	who had St Ward.
(a) Residence (No. Hamman (Usua) place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Mule Colored Massell	Moderaller 7 193 C. (Month) (Day) 18 nI(Year)
5a. If married, widowed, or divorced	out the p
HUSBAND OF 18 Wenkie grass	22. I HEREBY CERTIFY, That I attended decrased from
5 1 14 7 10	Movember 6, 1935, to Robertal Jagrand 3
6. DATE OF BIRTH (month, day, and year) May 5, 1857	I last saw half alive on Moderated 1, 19 332 deeth is said
7. AGE Yeers 9ri 11 Months Days If LESS than	to have occurred on the dete stated above, etm
76 upross. 5 4 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or particular	Careliae Failue acuta Jose 6
8. Trede, piofession, or particular kind of work done, es SPINNER, Farmer SAWYER, BOOKKEEPER, etc.	. alleros soleroses. 30 som
Yadustry or business in which work was done as \$1LK MILL, SAW MILL, BANK, etc.	As relation of the pr
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this pecupating (month and	
11. Total time (years) this occupation (month and Nov 2 nd spant in this	
year)	Other Contributory Causes of importance: togami to
12. BIRTHPLACE (city or town) Hunting lown	Left Inguinal Herma 1928
(State or country) Md.	Chronia-
10. Date deceased last worked at this occupation (month and Nova and spant in this occupation (month and year) 12. BIRTHPLACE (city or town) (Stete er country) 13. NAME Reclicated Grass,	
13. NAME Richard Gross. 14. BIRTHPLACE (city or town) Calverf Co	Name of operation
(Stete or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Cenelia	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) College Co. (Stete or country)	Where did Injury occur?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 16. BIRTHPLACE (city or town) (Stete or country)	(Specify city or town, county and State)
	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place Luntingtown, Date 17 193?	Nature of Injury
1 th 10 00	Nation of injury.
19. UNDERTAKER	24. Wes disease or injury in eny way related to occupation of deceased?
(Address) Hares Mid	If so, specify
	(Signed) M D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURBAU V. O				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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TION is very important. See instructions on back of certificate.

STATE	OF	MARYLAND	-CERTIFIC	ATF	OF	DEATH
SIMIL	OF	MAKILAND	CERTIFIC	AIL		DEATH

16543

1. PLACE OF DEATH County Coultret	108)
Village or City Ches. Beach	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED OR DIVORCES Gerite the word	
5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of Oculus Helinkriis	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS that 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Oate dacaasad last worked at this occupation (month and yaar) 12. BIRTHPLACE (city or town) (State or country)	Other Coutributory Causes of importance:
13. NAME (state or country)	Name of oparation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address)	23. If daath was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place The Aship Oate hov. 23, 193	Manner of injury
19. UNOERTAKER Willson Sallill 20. FILED For 22, 1932 H Harden Registrar	24. Was disease or injury In any way related to occupation of dacaased? If so, specify (Signed 1) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis - 7	1915	Attack of epilepsy	1 week ago	
Chronic interstitial, nephritis	1921	Run aver by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:	The Telesco	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL		ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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19. UNDERTAKER

20. FILED

(Address)

RGIN RESERVED FOR BINDING

V. S. No. 1

N. B.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(82-0)
County Colvert	Registration Dist. No. J
Village or City Sunderland	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds How long in U.S. if of foreign birth?
2. FULL NAME Robert Hawleys	77 18 0I
(a) Residence: No. Same level (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE OR DIVORCED (write the word) Married Marr	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Haunah Hawkins	22. HEREBY CERTIFY, That I altended deceased from
6. DATE OF BIRTH (month, day, and yeer) May 16 1864	Hast saw him alive on Morrelle 18, 19 35; deeth is sald
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated abovo, etm. The PRINCIPAL CAUSE OF DEATH and releted causes of Importance
6 9 6 5 ormin.	were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	Cerebral Wemanhaye (Siplagia Octo) 3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 5. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decoased lest worked at this occupation (month and	As no
10. Date decoesed lest worked at this occupation (month end year) this occupation crupation	
12. BIRTHPLACE (city or town) Calvett Carpuly (State or country)	Other Centributery Causes of importance:
13. NAME John Benson Hawkins	300 - to
13. NAME John Bewon Hawkins 14. BIRTHPLACE (city or town) Colleged Carry (State or country)	Name of operation. Date of
15. MAIDEN NAME Chulendur	23. If death was due to external causos (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Cluckeracum 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFÓRMANT Joseph Morsell. (Address) Sunderland, Neg.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CRAMATION, OR REMOVAL	Manner of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Registrar.

Nature of injury.

(Address)

24. Wes disease or Injury In any way releted to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc,. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year
		400	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	107-02-
County Carrent	Registration Dist. No.
Village or City Kuntingtown	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Robert yours	
	0 a w 1
(a) Residence: No. (Ughal place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22 I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Warel 3/2 / 933	l last saw h. 1 alive on 100. 5, 1933; death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at
7 B 1day,hrs.	The PRINCIPAL CAUSE OF OEATH end related causes of importence were as follows:
2 Tends evidencies or particular	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Orland ?
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 11. Total time (years) this occupation (month and	
O Date deceased last worked at this occupation (month and year) spant in this occupation.	
12. BIRTHPLACE (city or town) Hunting (virg. (State or country)	Other Contributory Causes of Importance:
13. NAME (Natand Yorkers)	
13. NAME (Land Joshey) 14. BIRTHPLACE (city or town) Think to recountry) (State or country)	Name of operation Dete of
(otate or country)	What test confirmed diagnosis? Was there an autopsy? Liv
15. MAIDEN NAME Darothy Skenner	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Darvely Skermer. 16. BIRTHPLACE (city or town). Daren, Lud. (State or country)	Accident, suicide, or homicide? Oate of Injury, 19
∑ (Stete or country)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT Clark and Groung (Address) Shulling lury, had	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Huntingtown-MaliDate Ylbu le, 1933	Nature of Injury
19. UNDERTAKER (U: LSO M S @ W @)	24. Wes disease or injury in any way related to occupation of deceased? W
20. FILED 19 33 X 1, Tengistrar.	(Signed) Address) Prime Frederich und.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 DEC	1 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURTAT	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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RGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH 10946
county Calvert	(N-a) Designation Died No. 51
	Registration Dist. No.
	No. St., Ward f death occurred in a hospital or institution, give its MAME instead of street and number)
Length of residence In city or town where death ocsurredyrs,mos	
2. FULL NAME Levery (Leverted M	Lacture "
(a) Residence: No. Chance Frederick	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIYORCED (write the word)	21. DATE OF DEATH November 24 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	1 2/1 200
(or) WIFE of	22. I HEREBY CERTIFY. Thet I attended deceased from Modernie 20 1933 to Mov 24 its 19 900
6. DATE OF BIRTH (month, day, and year) March 23, 1874	Made St + 2
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than	930 15-1643
5-4 1 8 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or perticular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oete decessed last worked etc. 11. Total rime (years)	Cardiae dailyse
9. Industry or business In which	Sall and the fact of the
work wes done, es SILK MILL, Jeacery	types Duration: 4 / days Quelo
- I - Sprintin this A //	affect many traff
year) Occupation	Other Contributory Causes of importance: ogmi 10
12. BIRTHPLACE (city or town) James Voice)	Cherrie Colitie
(State or country)	Agretensise.
13. NAME Louis J. Martin	Cheorise Gashitis
14. BIRTHPLACE (city or town) Dayland Gaussy (State or country)	Name of operation Date of
(State or country)	Whet test confirmed diagnosis? Was there an autopsy? Act
15. MAIDEN NAME Susie D. Cole	23. If deeth was due to externel causes (VtOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Harfard Caurily (State or country)	Accident, suicide, or homicide? Oate of Injury, 19
∑ (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mb C. Schengwell	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Gurle Fredurele	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Oate 100,1923	Nature of injury
19. UNDERTAKER G. G. Harkness	24. Wes diseese or injury in eny way releted to occupation of deceased? 100
(Address) Mutual Mid	If so, specify
20. FILEO 1/25 , 19 53 & M. Lean	(Signed) 10 gen M.D
Registrar.	(Address) frakte fulluch
If more blanks are needed, alldress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

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10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	ohritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 4 1933	July 5,1927	Peritonitis	3 days ago
	BUREAUVE			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10547
County Calul	Registration Dist. No.
Village or City June Frederick	ND. St., Ward
(If Length of residence In city or town where death occurredyrs,mos	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs,mosds.
2. FULL NAME Massew N. Mac	lie
(a) Residence: No. Common Frederical (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Moderable 75, 193 5, (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Daesy J. Martin	22. I HEREBY CERTIFY, That I attended deceased from November 22, 19.33, to November 25, 19.3
6. DATE OF BIRTH (month, day, and year) Oct 21, 1877	1 last can h MM alive on Mayle where 25 10 33 doubt la sold
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at
8 Trade profession or particular	Browelical Precentation Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Cardial Jaluel 1/25/25
Date deceased last worked at this occupation (month and No Sculler spont in this occupation were spont in this occupation.	
12. BIRTHPLACE (city or town) Wardensvelfe (State or country)	Dither Contributory Causes of Importance: Sinteles Mellitus Nov 192
I 13. NAME Laws J. Maylin	
13. NAME LOWS J. Marlin 14. BIRTHPLACE (city or town) At surfacely Co (State or country)	Name of operation
	What test confirmed diagnosis?
15. MAIDEN NAME Surie K Cule 16. BIRTHPLACE (city or town) Harford Co. (State or country)	Accident, sulcide, or homicide? Date of injury, 19
17. INFORMANT Mus Shemwaell (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Wish Churchate // 27 1933	Manner of injury
19. UNDERTAKER J. J. Horkenst for (Address), mintends hid	24. Was disease or injury In any way related to occupation of deceased? No.
20. FILED 11/27, 19 33 Sch Registrar.	(Signed) Leagh tell M.D. (Address) Ludge Ludwich
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	10340
County Calvery	Registration Dist. No. 51
Village or City Boonus Island	
	No. St., Wa If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where don'th occurredyrsmo	os. / ds. How long in U.S. i1 o1 foreign birth?yrsmos
2. FULL NAME A THE Weakly	muir -
(a) Residence: No. 1625 M Spring & (Usual place of abode)	St., Ward. Oal trace My
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 7 / , 193 8
5a. If married, widowed, or divorces	(Month) (Day) (Year)
HUSBAND of Shroketh Maria.	22. HEREBY CERTIFY, That I attended deceased In
8 00 7 10000	- 11 9 19 30 to 11/ 1/, 19 3
6. DATE OF BIRTH (month, day, and year) Thu 5, 186	I last saw h M alive on 19 death is so
7. AGE Years Month Days If LESS than	to have occurred on the date stated above, et 4 9 m.
57 5 7 I day,hrs.	the tarner Ar CAOSE OF DEATH and related courses of importance
Z 8. Trade, profession, or particular	Date of one
8. Trade, profession, or particular kind of work done, as SPINNER, Watchin en SAWYER, BOOKKEEPER, etc.	Cerebral Humor toge 2
■ < 1 > 9\industry or business to which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and spent in this occupation occupation)	
you) og-upation	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town)	ff f
(State or country)	- It yper linkon 41
13. NAME Janus Mun	//
14. BIRTHPLAO (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Corrie ?!	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
2 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT albert larges	(Specify city or town, county and State) Specily whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Toonus Island	7
18. BURIAL, CREMATION, OR REMOVAL	Manner ol injury
Place Date 1/6 19.35	Nature of injury
19. UNDERTAKER a. g. Hackness + Son	24. Was disease or injury in any way related to occupation of deceased?
(Address) Mitual, rud	If so, specify
20. FILED // 5 , 1935 17. / Cmg	(Signed)
Registrar.	(Address)

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baffimore,

(Yoar)

Date of onset

1400

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WHEREU W. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1.	1 405 0	SIAII	E OF MA	RYLAND-	CERTIFICATE OF DEATH	50
		F DEATH	In en	7	210-9	
	County	0			Registration Dist. No. 2	
	Village or (City Car	07	Vacas	No. St., If death occurred in a hospital or institution, give its NAME instead of street and nu	War
	Length of res	idence In city or town	where death Occurred		spanned in a hospital or institution, give its IVAIVE, instead or street and nur	
	FULL NA (a) Resider	/	Jala Jala (Usual)	my J	Used, Ward. Wase, D. C. If nonresident give city or lown and St	
	PERSON	NAL AND STA	TISTICAL PA	RTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	m	4. COLOR OR RAC		MARRIED, WIDOWED, ORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193 3 (Year)
5a. If m	arried, widov JSBAND of	ved, or divorced	an e		22. I HEREBY CERTIFY, That I ettended de	cased fr
(0	r) WIFE of	,				
6. DATI	E OF BIRTH	(month, day, and year)	when	13/985	I lest saw h elive on	
7. AGE	Yea	ars Mon	ths Days		to have occurred on the date stated above, at 192.m.	
	6	281	4 16	1 day,hrs	The tributance	D 4 6
Z 8.	Trade, profe	ssion, or particular	· Z	I dias	7 1 1 1	Date of on
TION		work done, as SPINNI , BOOKKEEPER, etc business in which	,	nier	- Crushed Chief.	2
CCUPA	work wa	s done, as SILK MILL LL, BANK, etc	1 5	2,	1 7	fuy.
20 10.	Date deceas	ed last worked et pation (month end	11. To	otal time (years) spent in this	Liner as consissions of	14
14	year)			oocupation	Other Contributory Causes of importance:	
12. BIR	THPLACE (ci	ity or town) Ne	w con	con, la	Other Contributory Causes of Importance;	
	(State or cou	ntry)	1/	2111		
	NAME	18 MM	7.1	ince.		
H_TA_		(city or town)	nust s	mson //	Name of operation Date of	
-		country)	of i	1	What test confirmed diagnosis? Was there an eu	opsy?
15. 16.	MAIDEN NA	ME TO	ung	(*.)	23. If death was due to external causes (VIOLENCE) fill in also the following:	1
O 16.		(city or town)	Da		Accident, suicide, or homicide? Date of injury	1,192
	(State of	country)	1 1 20	1.	Where did injury occur? And Word Work (Specify city or town, county and State)	un
	ORMANT (Address)	off U	Sque	000	Specify whether injury occurred in INDUSTRY, in HOME, or in UBLIC PLACE	E.
	Place Place	ION, OR BEMOVAL	C. Date	12 ,1933	Manner of injury Curio Mund do	es.
	DERTAKER	es, a	ru	Th	24. Was disease or injury In eny way related to occupation of deceased?	
	(Address)	ne !	ico su	Denne	If so, specify	
20. FILE	-	, 19	7	5.1	(Signed)	Carry N
	,			Registrar.	(Address)	117

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BUREAU V			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		· ·	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Z	
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County	alvert		Registration Dist. No. 5
Village o	city . Island	Creek	No. St., W
			(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of	residence in city or town wher	e daath occurredyrs	mosds. How long In U.S. if of foreign birth?yrsmos
2. FULL N	IAME James	W. Snytto	
(a) Resid	lence: No. Isla	ud Cuello	St., Ward.
PERSO	NAL AND STATIS	(Usual place of abode) TICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE	5, SINGLE, MARRIED, WIDOWED	
Male	White	OR DIVORCED (write the word	
5a. If married, win HUSBAND of (or) WIFE of	00	J. Suntle	22. I HEREBY CERTIFY, That t attended deceased
	9 0	1 + 1.00 1ai	- april : 1933 to November 3, 193
	H (month, day, and year) Years Months	September 8, 186.	Trast saw incomes allea oil ; death is
7. AGE	Years Months	Days If LESS that	77.011.
12		or min.	were as follows:
8. Irade, pr	ofession, or particular of work dona, as SPINNER, ER, BOOKKEEPER, etc	Farmes	Hypertensine laidiae Diver 193
A Industry or business in which			Coronary Occurran How:
SAW SAW	was done, as SILK MILL, WILL, BANK, etc		
	eased last worked at coupation (month and /9:	11. Total time (years) spant in this 3 doccupation 3 do	5.
yaar)	(1)	1 1 0 +	Other Contributory Causes of importance:
12. BIRTHPLACE		well gunly	Chronic Wellering (Nyperlighter)
(State or o	11 - 00	mer of	
13. NAME	marla	elle suille	
4 14. BIRTHPLA	CE (city or town)	lowered to	Name of operation Date of
	2/. ,	-> 11) 604	What test confirmed diagnosis? Was there an aulopsy? \(\sqrt{2} \)
15. MAIDEN 16. BIRTHPLA	10	o wood	23. If death was due to external causes (VIOLENCE) fill in also the following:
	CE (city or town)	well aury	Accident, suicide, or homicide?
, (State	C	11.	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT (Addrass)	Jesmai	y sunge	Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	ATION, OF REMOVAL	12/	Manner of Injury
Place	estry	Date 13 193	Natura of Injury
19. UNDERTAKER (Address)	9.9. Ha	Spring & Non	24. Was disease or Injury In any way related to occupation of deceased? Ho
(Zestabak)	1- runes	3 70	If so, specify (Signed) Added Action
			TAIRMAN A TAIRMAN AT ANY

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Arteriosclerosis	1915	Attock of epilepsy	1 week ogo	
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo	
Cerebrol hemorrhoge	July 5,1927	Peritonitis	3 days ago	
BURRAU V.B.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gollstones	May 1,1923	Gastroenteritis	1 year	

RGIN RESERVED FOR BINDING

V. S. No. 1

1	PLACE OF DEATH /	16952
	County Calvert	Registration Dist. No. 52
	Village or City Channer all	No. St. Wa
		(If death occurred in a hospital or institution, give its NAME instead of street and number) os
2	FULL NAME Belo Don - Same	H
-	(a) Residence: No.	St. Ward.
and the same	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. S	OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 19 to 19
6 1	DATE OF BIRTH (month, day, and year) /// 7/ >>	I last saw h alive on 19 Beath is si
7. A		to have occurred on the data stated above, at Da A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
-	8. Trade, profession, or particular	Were as follows: Date of one
2	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	
A A	9. Industry or business in which work was done, as SILK MILL,	Junatur
OCCUPATION	SAW MILL, BANK, etc	
	this occupation (month and year) spent in this occupation	
12.	BIRTHPLACE (city or town) Changulle	Other Contributory Causes of Importance:
	(State or country)	
HE.	13. NAME M. Walking	
FATHER	14. BIRTHPLACE (city or town)	Name of operation Oate of Oate of
1	(State or country)	What test confirmed diagnosis? Was there an autopsy?
MOTHER	15. MAIOEN NAME Roberta Struck	23. If daath was due to external causes (VIOLENCE) fill in also the following:
2	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Oate of Injury, 19
- 1	R. H.	Where did Injury occur?(Specify city or town, county and State)
17.	(Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	Place Halls Creek Date how. 8 ,1933	Nature of Injury
19.	UNDERTAKER Wille Smith (Address) Chiney will	24. Was disease or injury In any way ralated to occupation of deceased?
20.	FILEO Now or , 1932 W/+7+arderly Registrar.	(Signed) 22 M M M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a elerk.

Example I	į.	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Date of of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUENAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No.

1 PLACE OF DEATH	STATE OF MARYLAND
County Calvert	CERTIFICATE OF DEATH
S la	Registration Dist. No. 52
Village or City Tolars (No. ,	St:: Ward) (If death occurred in a hospital or institu- ilon, give its NAME in- stead of street and aumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Wille Strafe Male White Strafe Wilder Or BIRTH B STRACE STRACE STRACE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Movember 8, 193.3 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
Month (Day), 1933. (Month) (Day) (Year) 7 AGE If LESS than I dayhrs.	that I last saw h alive on ,192 , and that death occurred on the date stated above, at
8 OCCUPATION ds. or30 min. ?	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHILACE (State or country) Waruland	Congenital defility, Cougo, (Duration) Contributory Secondary (Duration) (Duration) (Duration) (Duration) (Duration) (Duration)
10 NAME OF FATHER STANDARD SERVE Stallings 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Ello Estell Hall 13 BIRTHPLACE	(Signed)
OF MOTHER (State or country)	of death yrs mos da. State, yrs mos da. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Mary E. Crowder (Address) Poplars, Mr.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Emmanuel Churce (emetry Mat. 9, 1833. 20 UNDERTAKER (ADDRESS)
Filed 185 9 18.3 Wighter Registrar	Eduard Fowler Poplars, M.

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from or given up on account of the disease causing death, laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Lutever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-(a) Foreman, (b) Automobile factory. Civil engineer, Stationary firemen, etc. But in many Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em-The material

EASE CAUSING DEATH (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typkoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

quences (e. g., sepsis, tetunus) may be stated under the as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid myes, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by Committee on head of "contributory." train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," can be ascertained as the cause. "Uraemia," "Weakness." etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," causing death), 29 ds.; Bronchopneumonia Chronie interstitial nephritis, etc. The contributory Nomenclature of the American Medical Association.) ture of the lujury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. (secondary or intercurrent) affection need not be Whooping cough; FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Chronic valvulur heart disease; (Recommendations on state-"Anaemia" Always qualify all Measles; (second-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

should state of OCCUPA.

PHYSICIANS Exact statement

stated EXACTLY.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

mation should be carefully supplied.

properly classified.

certificate.

N. B.

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Calvert	Registration Dist. No. 52
Village or City Innderland	NoSt., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	nosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Rachel Washing	tou
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 193
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year) 22. HEREBY CERTIFY. That attended deceased from
(or) WIFE of	
6. DATE OF BIRTH (month, day, end yeer)	I lest saw here elive on
7. AGE Years Months Deys If LESS than	i i i i i i i i i i i i i i i i i i i
2 / 1 day,h	The Fall of the CAUSE Of DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset 11/16/3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	a triston day un
work was done, as SILK MILL, SAW MILL, BANK, etc.	her de de bl
10. Date deceased last worked at this occupation (month and year)	o-pa-coesa-
12. BIRTHPLACE (city or town) Aff Mashington (State or country)	Other Contributory Causes of importance:
6	
14. BIRTHPLACE (city or town) - M. A. Charghan S.	Name of operation
(State of country)	What test confirmed diagnosis? Was there en au'opsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Play Andrews	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place ml Itrofal Date NVV 22, 193.	Nature of injury
19 UNDERTAKER Ben Smith	24. Was disease or injury in any way felated to occupation of deceased?
(Address) Symdeland	If so, specify
20. FILED Par 11, 1922 W 1/2 Hardest	(Signed) And Ward M. D.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis RECEIVE	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 7 1993			
Other contributory causes of importance: V. S.		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gastroenteritis	1 year
A Dilbarree	M 0.9 1,1020	(tust out the tus	I gear

For Au	Thoris	tion Dr.	hanse -	blue Ali	rth soo let	ter Ziles
under	mark	- 12/29/3	3 2 1 1		De-serve Asse	
			- 0			V

TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH County Calment WITHIN CORPORATE LIBUTE OF Village or City June Frederick	Registration Dist. No. No. No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR-OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Wardle 9, 15 20	(Month) (Day) (Year) 22. I HEREBY CERTIFY. That I attended deceased from 1/21/22 1920 19 19 20
7. AGE Years Months Days If LESS than I day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	to have occurred on the date stated above, at 9.5 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset (1./ 2. 4.)
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and yeer)	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) - ff f	
(State or country)	Name of operation Date of
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, OR MATION, OB REMOVAL Place Date Date	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of Injury
19. UNDERTAKER (Address) 20. FILED (Address) Reveel Refistrar.	24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) M. D. (Address)
If more blanks are needed, address State Registrar,	2412 N. Charles Street, Balsimore, Requesting U.S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset

	PLACE OF	DÊATH					1	1,457
	County	aglan	4			Registration	Dist. No.	
	Village or City	Frame	Freele	- O	Chelina		St.,	w
	Length of resider	nce in city or town where	e death occurred	(]i yrs,mos	death occurred in a hospital ords. How long in U.	institution, give its NAN. S. If of foreign birth?		
2.	FULL NAM	E Insa	ent /	Buro	10 Willes	-		
	(a) Residence:	No. Calle	Ima		St., Ward.			
Andrews	PERCONAL	LAND CTATIC	(Usual place		MEDICA	the state of the s	it give city or town	
3. SEX	-	L AND STATIST	5. SINGLE, MATH		21. DATE OF DEA	L CERTIFICAT	E OF DEATH	-
-	7	C-	OR DIVORCET	(genise the word)	LAI DATE OF DEA	In	20	, 193 3
5a. If	married, widowed,	or divorced	1	uc.		(Month)	(Day)	(Year
(HUSBAND of (or) WIFE of				22. 1 HERE 20	EBY CERTIF	Y. That I attend	ded deceased
e DA	TE OF PIRTU (ma	inth, day, and yeer)	200, 20	1932	I lest saw h alive o	, 10-18, 10		; death is
7. AGI		Months	Days	If LESS than	to have occurred on the part	C.	m,	, death is
		nor	20	1 day,hrs.	The PRINCIPAL CAUSE OF were es follows:	I La A	nes of importance	1
Z	8. Trade, professio	n, or particular			0.1	<i></i>		Date of
TION	SAWYER, BO	k done, as SPINNER, OOKKEEPER, etc			Dill	Om		
OCCUPA	work was do	one, as SILK MILL, BANK, etc						
00	O. Date deceased i		11. Total tip	me (years) tin this				
	year)			pation	Other Contributory Causes o	of importance:		
		1/ 1/	chne		0	, importance:		
12. BI	RTHPLACE (city o							
1	(State or country		ela-					
1	(State or country	mis	Bron	7 0	-			
1	(State or country	ity or town) and	Bron	70	Neme of operation		Dete o	
TATHER 14	(State or country 3. NAME 4. BIRTHPLACE (ci	ity or town) and	delma Wills	740	What test confirmed diagnos		Was there	en eu¹opsy?_
TATHER 14	3. NAME 4. BIRTHPLACE (ci (State or cou	ity or town) add	delma Wills	100	What test confirmed diagnos	nal causes (VIOLENCE)	fill in also the follow	en eutopsy?_ wing:
TATHER 14	(State or country 3. NAME 4. BIRTHPLACE (ci	ity or town) Advantry) Lena ty or town) Advantry)	delma Wills Wills	7 Co	What test confirmed diagnos	nal causes (VIOLENCE)	Was there fill in also the follow Date of injury	en eu*opsy?_ wing: , 19_
MOTHER FATHER	(State or country 3. NAME 4. BIRTHPLACE (ci (State or country 5. MAIDEN NAME 6. BIRTHPLACE (ci (State or country (State or country) FORMANT	ity or town) Advantry) Lena ty or town) Advantry)	Osma Wills Wills Lehma	7 · · · · · · · · · · · · · · · · · · ·	What test confirmed diagnos 23. If death was due to extern Accident, suicide, or homicid	de?(Specify city of	Was there	en eu'opsy?_ wing:, 19_
17. IN	(State or country 3. NAME 4. BIRTHPLACE (ci (State or country 5. MAIDEN NAME 6. BIRTHPLACE (ci (State or country (State or country (Address)	ity or town) add untry) Lena (ty or town) add untry) Lena (ty or town) according to the control of the control	lelma Wills Wills Lelma homa	7 · · · · · · · · · · · · · · · · · · ·	What test confirmed diagnos 23. If death was due to extern Accident, suicide, or homicid Where did injury occur? Specify whether injury occur	de?(Specify city of	Was there	en eu'opsy?_ wing:, 19_
17. IN	(State or country 3. NAME 4. BIRTHPLACE (ci (State or country 5. MAIDEN NAME 6. BIRTHPLACE (ci (State or country (State or country) FORMANT	ity or town) add untry) Lena (ty or town) add untry) Lena (ty or town) according to the control of the control	lelma Wille Wille Lelma Noma	20 19 33	What test confirmed diagnos 23. If death was due to exterr Accident, suicide, or homicid Where did injury occur? Specify whether injury occur Manner of injury	de?(Specify city of	Was there	en eu'opsy?_ wing: , 19_
17. IN:	(State or country 3. NAME 4. BIRTHPLACE (ci (State or country 5. MAIDEN NAME 6. BIRTHPLACE (ci (State or country (State or country FORMANT (Address) BRIAL, CREMATION Place	ity or town) add untry) Lena (ty or town) add untry) Lena (ty or town) according to the control of the control	Celma Wille Lehm homa Date nor	20,19.33	What test confirmed diagnos 23. If death was due to extern Accident, suicide, or homicid Where did injury occur? Specify whether injury occur Manner of injury	nal causes (VIOLENCE) de? (Specify city c rred in INDUSTRY, in H	Was there fill in also the follow Date of injury or town, county and OME, or in PUBLIC	en eutopsy?_ wing: , 19_ State) PLACE.
17. IN:	4. BIRTHPLACE (ci (State or con 5. MAIDEN NAME 6. BIRTHPLACE (ci (State or con (State or con FORMANT (Address)	ity or town) add untry) Lena (ty or town) add untry) Lena (ty or town) according to the control of the control	lelma Wills Wills Lelma homa homa	20,19.33	What test confirmed diagnos 23. If death was due to extern Accident, suicide, or homicid Where did injury occur? Specify whether injury occur Manner of injury Neture of Injury 24. Was disease or injury In	nal causes (VIOLENCE) de? (Specify city c rred in INDUSTRY, in H	Was there fill in also the follow Date of injury or town, county and OME, or in PUBLIC	en eutopsy?_ wing: , 19_ State) PLACE.
17. IN:	(State or country 3. NAME 4. BIRTHPLACE (ci (State or country 5. MAIDEN NAME 6. BIRTHPLACE (ci (State or country (Address) PRIAL, CREMATION Place ADDERTAKER (Address)	ity or town) add untry) Lena (ty or town) add untry) Lena (ty or town) according to the control of the control	lelma Wille Wille Lelma Date mon	20,1933	What test confirmed diagnos 23. If death was due to extern Accident, suicide, or homicid Where did injury occur? Specify whether injury occur Manner of injury	nal causes (VIOLENCE) de? (Specify city c rred in INDUSTRY, in H	Was there fill in also the follow Date of injury or town, county and OME, or in PUBLIC	en eu'opsy?_ wing: , 19_ Siate) PLACE.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BULEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH County Willage Dr City Clif death accurred in a horpital or institution, give its NAME instead of Length of residence in city or lown where death occurred (If death accurred in a horpital or institution, give its NAME instead of Length of residence in city or lown where death occurred (If death accurred in a horpital or institution, give its NAME instead of Length of residence in city or lown where death occurred (If death accurred in a horpital or institution, give its NAME instead of Length of residence in city or lown length of the length of the length of residence in city or lown length of the length of the length of residence in city or lown length of the length of the length of residence in city or lown length occurred in a horpital or institution, give its NAME instead of length of residence in city or lown length occurred in a horpital or institution, give its NAME instead of length of residence in city or lown length occurred in a horpital or institution, give its NAME instead of length of residence in city or lown length occurred in a horpital or institution, give its NAME instead occurred in a horpital or institution, give its NAME instead occurred in a horpital or institution, give its NAME instead occurred in a horpital or institution, give its NAME instead occurred in a horpital or institution, give its NAME instead occurred in a horpital or institution, give its NAME instead occurred in a horpital or institution, give its NAME instead occurred in a horpital or institution, give its NAME instead occurred in a horpital or institution, give its NAME instead occurred in a horpital or institution, give its NAME instead occurred in a horpital or institution, give its NAME instead occurred in a horpital or institution in the length occurred in a horpital or institution in the length occurred in a horpital or institution in the length occu	St., Warrof street and number)
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(If death occurred in a horpital or institution, give its NAME instead of Length of residence in city or town) there death occurred	of street and number)
Length of residence in city or own there death occurred yrs mos ds. How long in U. S. If of foreign birth? yrs. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIYORCED (write the word) 21. DATE OF DEATH	mos. ds
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 21. DATE OF DEATH	
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OR DIVORCED (write the word)	, ,
(1000) (00)	3 / 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of M: I ton Wolles 22. I HEREBY CERTIFY, That	I ettended deceased from
0.10.10	19
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS then to heve occurred on the date stated ebove, at L.G.: m.	, 13, 0eetii is said
19 3 29 1 dey,hrs. The PRINCIPAL CAUSE OF DEATH end related causes of important were es follows:	
8 Trade profession or particular	Date of onse
SAWYER, BDDKKEEPER, etc. S. Industry or business in which	Cl few to
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc D. Date deceased last worked et this occupation (month and	
- this seeapation (month and spont in this	
year) occupation Dther Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) What was a second of the sec	
14. BIRTHPLACE (city or town) Unit Was Name of operation. (Stete or country) What test confirmed diagnosis? Was	5 5 5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
15. MAIDEN NAME Laine Filler 23. if death was due to external ceuses (VIDLENCE) fill in elso the	
O 16. BIRTHPLACE (city or town). Accident, suicide, or homicide? Country). Dete of inj	11/20/
(State or country) Urgina Where did injury occur? Or that No.	
17. INFORMANT Specify whether injury occurred in INDUSTRY, in Highe, or in	PUBLIC PLACE.
18. BURIAL, CREMAŢION, DR REMDVAL	and sous:
Place Prod. DC. Date Now 30, 19.23 Nature of injury	
19. UNDERTAKER 19m1 + Jerus 24. Was disease or injury in any way related to occupation of de	
(Address) 409-8-12 18 If so, specify	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
20. FILED 19 33 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Z . M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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			1